Form A: – Tool to assess clinical characteristics of Lyme disease for healthcare providers

West Virginia Bureau for Public Health — Your Health Your Safety Our Purpose
Department of Health & Human Resources

Dear Healthcare Provider:

The _____ County Health Department has been notified of a positive laboratory report of Lyme disease for patient _____ (DOB: ____/____/_____). In order to comply with state and federal infectious disease reporting requirements, we are requesting the following clinical details in relation to this patient's Lyme disease (LD) symptoms, if present. Please respond to all of the following questions and return this completed sheet via fax to **(304)_____-_____** within 72 hours of receipt. Thank you for your cooperation.

A. Date of first symptom onset (*month/day/year***): ____ / ____ / _____**

B. Was an erythema migrans measuring at least 5 cm in diameter documented for this patient?

☐YES ☐NO

C. Did patient exhibit any of the following symptoms of late-stage LD?

I. **Rheumatologic/musculoskeletal** (*mark one*):

☐Migratory pain in joints, bone, or muscle ☐Brief arthritis attacks
☐ Prolonged arthritis ☐Chronic arthritis
☐No rheumatologic/musculoskeletal symptoms associated with LD were observed

II. **Neurologic** (*mark all that apply*):

☐Meningitis ☐Bell's palsy ☐Cranial neuritis
☐Radiculoneuritis ☐Encephalopathy ☐Polyneuropathy
☐Leukoencephalitis ☐No neurologic symptoms associated with LD were observed

III. **Cardiovascular** (*mark one*):

☐Myopericarditis ☐Pancarditis ☐Atrioventricular block
☐No cardiac symptoms associated with LD were observed

D. Was this patient diagnosed with LD? ☐YES ☐NO

E. Was an antibiotic prescribed for this episode? ☐YES ☐NO

If yes, indicate type of antibiotic and # of days: _____

Comments: _____

_____

_____

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